

**REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified in Appendix A.

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the applications identified in Appendix A, and to transact all business in the United States Patent and Trademark Office connected therewith:

**CUSTOMER NUMBER: 20230**

Please recognize or change the correspondence address for the applications identified in Appendix A to the address associated with:

**CUSTOMER NUMBER: 20230**

I am the:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) is submitted herewith.

**SIGNATURE OF ASSIGNEE OF RECORD**

THE MEDICAL RESEARCH,  
INFRASTRUCTURE AND HEALTH SERVICES  
FUND OF THE TEL AVIV  
MEDICAL CENTER

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Title and Company \_\_\_\_\_

Signatures of all assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.